

ARTHUR L. MOORE

-against-

C.O. SEVERAN

Dr. EVANS

SEARGENT Graves

C.O. MUNDORF

C.O. KEGOLIS

LT. Grainger

SUPERINTENDANT AMOTA

ANY AND ALL Medical PERSONAL INVOLVED

C.O. BRYANT C-3

& C.O. MORA

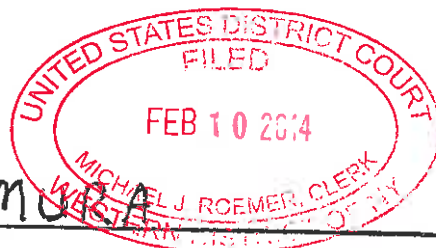
COMPLAINT  
UNDER THE CIVIL  
RIGHTS ACT, 42 U.S.C.

§ 1983.

(Prisoner Complaint)

JURY TRIAL (Check one)

☒ Yes ☐ No



(In the space above enter the full name(s) of the defendant(s). If you cannot fit the name(s) of all the defendants in the above space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above in the caption must be identical to those contained in part 1.) Address should not be included here.)

1. Parties in this complaint

- A. List your name, identification Number, and then names and address of your current place of confinement. Do the same for any paper as necessary.

Plaintiff: NAME ARTHUR L. MOORE

ID 12B1006

Current Institution Groveland Correctional Facility.

ADDRESS P.O. Box 50 Sonyea N.Y. 14556-0050

- B. List all defendants names, positions, place of employment, and address where each defendant may be served. Make sure that the defendants listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

- C. What date and approximate time did the events giving rise to your claim(s) occur? On or about 10-17-13 at 8:30pm-9:00pm, And on

11-4-13 at 9:30am.

DEFENDANT NO. 1 NAME C.O. SEVERAN SHEILD NO.WHERE CURRENTLY EMPLOYED Groveland Corr Fac.ADDRESS 7000 SONYea, N.Y. 14456 P.O. Box 50DEFENDANT NO. 2 NAME Dr. EVANS SHEILD NO.WHERE CURRENTLY EMPLOYED Groveland Corr Fac.ADDRESS 700 SONYea, N.Y. 14556 P.O. Box 50DEFENDANT NO. 3 NAME SRG. Graves SHEILD NO.WHERE CURRENTLY EMPLOYED Groveland Corr Fac.ADDRESS 7000 SONYea, N.Y. 14456 P.O. Box 50DEFENDANT NO. 4 NAME C.O. MUNDorf SHEILD NO.WHERE CURRENTLY EMPLOYED Groveland Corr Fac.ADDRESS 7000 SONYea, N.Y. 14456 P.O. Box 50DEFENDANT NO. 5 NAME C.O. KEGOLIS SHEILD NO.WHERE CURRENTLY EMPLOYED Groveland Corr Fac.ADDRESS 7000 SONYea N.Y. 14456 P.O. Box 50DEFENDANT NO. 6 LT. Grainger SHEILD NO.WHERE CURRENTLY EMPLOYED Groveland Corr Fac.ADDRESS 7000 SONYea, N.Y. 14456 P.O. Box 50DEFENDANT NO. 7. NAME SUPT. AMOIA SHEILD NO.WHERE CURRENTLY EMPLOYED Groveland Corr FacADDRESS 7000 SONYea, N.Y. 14456 P.O. Box 50DEFENDANT NO. 8. NAME ANY AND ALL MEDICAL PERSONAL INVOLVED SHEILD NO.WHERE CURRENTLY EMPLOYED Groveland Corr FacADDRESS 7000 SONYea, N.Y. 14556 P.O. Box 50**II. STATEMENT OF CLAIM:**

State your facts as breifly as possible of your case. Decscribe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as names of the other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to ALL-ge anumber of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) Occur? Groveland Corr Fac.

DEFENDANT NO. 9, C.O. BRYAN

Sheild no

Where CURRENTLY EMPLOYED Groveland Corr fac

ADDRESS 7000 SonYea, N.Y. P.O. Box 50 14456

Defendant NO. 10 C.O. MURA

Where CURRENTLY EMPLOYED Groveland Corr fac

ADDRESS 7000 SonYea, N.Y. 14456 P.O. Box 50

B. Where in the institution did the events giving rise to your claim(s) occur? On the stairway of dorm E-2, and on the yard in front of H-Dorm.

C. What date and approximate time did the events giving rise to your claim(s) occur? On 11-4-13 at around 9:00am, and on 9-23-13 at around 9:00pm

D. FACTS: On 11-4-13 at 9:30am, I was housed in dorm D-1 at Groveland Correctional Facility. When I heard the phone ring and C.O. Severan who works D-1 7:00am-3:00pm shift, I heard C.O. Severan talking on the phone and tell the other C.O. on the phone say (HOW ABOUT MOORE?) He volunteered me to move to E-2 dorm, I told C.O. Severan that I can't climb up and down the stairs, because 2-weeks ago I was in front of H-Dorm, and there was a medical emergency for me on the yard, my left leg gave out on me and I was unable to stand. I was taken to the infirmary over night, C.O. Severan told me he didn't care to pack my S\*\*T and get over there or get a ticket (Disciplinary).

So I told C.O. Severan to call the Sergeant. And Sergeant Lynduskie was called to the unit. I then told SERGEANT Lynduskie what I told C.O. Severan. The Sergeant then called the infirmary to see if it was ok for me to move to E-2 Dorm. He was told by someone in medical that it was ok for me to move over there. I was then told to move to E-2 Dorm or get a ticket. I then packed my stuff and proceeded to move over there, by C.O. Severan.

My friend inmate Johnny Stephens 10B1905 helped me move over there. While we were carrying my bags Johnny was in front of me, He was carrying 2.) bags and I was carrying 1.) bag over my shoulder that weighed about 45lbs which my medical permit forbided me to do. I asked a C.O. if he would help me, because I cant lift this heavy bag But he told me he wasn't lifting S\*\*T, but I was told to move or get a ticket. So inmate Johnny Stephens 10B1905 went up the stairs, and I was behind him, he was at the top of the stairs, and I was halfway up the stairs, and my left leg gave out on me, and I fell backwards flat down the stairs.

Wife my legs gave out on me, I called for Johnny to see if he could grab me, before I fell, but it was too late. I fell backwards flat down the stairs. Johnny then ran to go get the C.O. in E-2 dorm I then was strapped to a gurni and taken to the infirmary, and then Warsaw Community hospital, and was transported by ambulance. I was given oxygen, and my blood pressure was taken every 3-5 minute untill we arrived at the hospital. I SUFFERED FROM A FALL DOWN A FLIGHT HALFWAY UP THE STAIRS BACKWARDS AND I PHYSICALLY WAS INJURED DUE TO THE FALL.

Once we got to the hospital, I was taken to the x-ray room for x-rays to see if I had any broken bones. I didn't have a broken neck or back, and I was transported back to Groveland Correctional Facility, where I spent the night in the infirmary. On 11-5-13 I was seen by Dr. Evans, but he never observed my back or neck at all. I then told Dr. Evans that I have 2 concerns. 1. is that this don't happen to me again, like he should of done, time. And because he failed to do so the first time my legs gave out on me. I then asked him for my cane back or a wheelchair? Because my legs give out on me and one of the two would stop me from falling again. And I was denied for them both

After I left the infirmary I was told to move to dorm L-1. On 11-5-13 I went walking down the hills barely able to walk to L-1 DORM. On 11-6-13 at 10:30am I seen my counselor Mr. Strollo who called Sergeant Graves, Mr. Strollo talked with Sergeant Graves about me getting back to C-3 Central Location Medical Dorm. Because I can't keep climbing up and down the hills 1/2 mile every time 8-10 times a day causing me unnecessary pain and suffering to my neck, and my upper back. Sergeant Graves stated to Mr. Strollo that I would never come back to the medical Dorm C-3. And in so many words told me to go to hell. Medical has put me in for, me to be moved to C-3, 3-times and they told me it's not medical, it's the institution security and medical overrides security when it comes to that.

I then went to early chow, and I seen Capt. Kiser who I had a breif conversation with about me moving me back to Central Location. Capt Kiser told me to go to sick-call, on 11-7-13 and get him a copy of my medical permit (Central Location). And on 11-7-13 I weny to sick-call to get a copy of my central location medical permit.

After I got back from sick-call, I was told by C.O. Mundorf in L-1 dorm 7am-3pm shift to pack up my stuff, that I was moving back to the lower green to D-1 dorm. While I WAS in severe pain, and I had terrible muscle spasms in my neck, and ipper and lower back. When I got done pushing a cart with all my stuff up the hills to D-1 dorm then C.O. Kien told me that the move was a mistake, and I was to move to C-3 the medical dorm.

So again I moved my stuff bearly able to walk over to C-3 medical dorm. When I got there C.O. Kegolis the C-3 lobby officer who works the 7:00am-3:00pm shift. She stopped me from moving in there, she was very unprofessional and using alot of profanity with me. But to let that interfear with my medical needs is very unprofessional and very cruel and unusual, for me to be moved like I was all in oneday for me to end up accross the hall from where I originally started from in the reeeption dorm, a day after the fall that I had. I have been in dorm L-3. The institution staff deliberatly wont move me bxxck to the medical dorm C-3 where there have been available bed space for me to move too.

There was an inmate who got off the bus and told me that he was going to talk to Seargent Graves to get a job and move back to C-3. Inmate Vasquez 07B2371. And the next day he was moved up to C-3 which he took the bed space that was available for me, that I was waiting on the waiting list for to go back to C-3 dorm. But Captain Kiser sent me, a letter telling me that I was on the waiting list to go back to C-3 dorm. But inmate Vasquez 07B2371 was moved the next day after

after he talked with Seargent Graves, and he has no medical issues at all. And I was waiting for that bed space to move back to C-3 dorm.

The Institution was well aware of my medical permit that I'm not allowed to climb no stairs, or heights. And for 28 days now they still have me climbing hills and I could bearly walk up and, down them both. The Institution still has me walking 1/2 mile to go get my medication, and go eat 8-10 times a day. They deliberately are going against my medical condititions, and my medical orders, ordered by medical personal. And what my medical needs call for, which I'm not being provided needed, proper, medical care, do to this Institutions deliberately going against medicals orders. Before the fall I had a lower back injury to my left side, which was L-4, L-5, I have degenerative disk disease, bulging disks, and a ciotic nerve problem, which causes my legs to give out on me. So my question to them is that, what was I even doing on them stairs in the first place?

**SINCE THE FALL (ACCIDENT) I NOW SUFFER FROM:**

Ext~~reme~~me increased numbness in my finger tips I have problems walking, my legs are constantly numb, it feels like someone is constantly pinching the back of them really hard, and my upper and lower back, I have severe pain constantly in my neck, and upper and lower back. Which is forcing me to use my tens unit on my upper and my lower back, to eleviate the pain 24 hours a day. And I still have not been moved to the medical dorm C-3. I am forced to walk up and down these hills causing me very much mental stress, which I have talked with my mental health councelor numerous times breaking down and crying my eyes out to him. Because of unecessary pain and suffering, which causes me very much discomfort, and depression, and anxiety.

On 11-16-13 I was called to the infirmary where I had a coversation with LT. Grainger about my medical permit, and the Lt. Grainger told me straight out that as long as he's a Leutenant on

this yard,I will never go back to C-3,Central Location and he dont care who says what,or what medical condition I have.He said to me that I look just fine to deal with it.

I still have not been moved to Central location medical dorm.I am still forced to walk up and down these hills,a 1/2 mile combined every time I go back and forth to the chow-hall,and medication-line,and medical.And this Institution just deliberately refuses to do what my medical condition requires or what medical ordered them to do by medical staff.

On 12-4-13 I was seen by DR.Evans at 2:00pm and I tried to explain to him,that I cant keep walking up and down these hills and its causing me unecasrry pain and suffering,and that I almost fell down the hill the other day,in front of Dept.Robinson, but I was able to break the fall,and if they are going to leave me in L-3 to either give me a cane back or a wheelchair,and he denied me of both,and wrote me a disciplinary ticket for disobeying a direct order threats,in retaiiation for a grievance I filed against medical.

On 12-19-13 at 5:45am I went to sick-call to get a new battery,and pads for my tens unit.And I was told that the pads have to be ordered and they dont have none. I asked the nurse for some medical tape to stick to my back,and they know that I come every week to get new pads and a battery for my tens unit.I had already filed a grievace about the same issue and was told too come to sick-call ang exchange them on a one for one basis but medical failed again to order a new shipment knowing that I come every week to get a new set and a new battery.

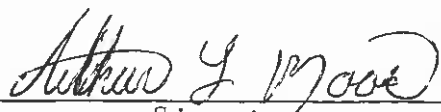
On 12-23-13 I went to sick-call for a new batt=ery and pads. and I was told the samething (WE DONT HAVE ANY PADS) For your tens unit to comeback next week to sick-call.So I had to suffer with severe pain and suffering,becase medical failed to order pads



for the people with tens units. Again on 1-3-14 I went to sick-call for a new battery and pads, and once more there were no pads available for me and my pads are completely worn out. I in return asked the nurse Mrs Bowers for some tape (Medical) so that I can tape the pads to my back so I could atleast try and use them that way, and I was denied the tape, so I could tape them to my back which again made me have to go through more unnecessary pain and suffering with severe pain in my lower and upper back because the tens unit is used to alleviate the pain that I have.

The fact that I am making this claim is a clear case of deliberate indifference, and the 8th, and 14th amendment violations.

APPEARING PRO SE:  
ARTHUR L. MOORE 12B1006  
Groveland Corr Fac  
P.O. Box 50  
Sonoma N.Y.

  
\_\_\_\_\_  
Signature

**III. Injuries;**

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received

An upper and lower back injury, C-1, C-2, C-3, C-4, C-5, C-6, C-7, all bulged and herniated disks, terrible muscle spasms, increased numbness in finger tips, Nerve damage, it feels like someone is pinching me in the back of the legs constantly really hard, unnecessary pain, and suffering, mental, and emotional distress, On 11-4-13 I was taken to Wyoming County Community Hospital by ambulance See medical documents. Before the fall I had a lower back injury that involved L-4, L-5, L-5 s-1 There was nothing else a matter with me, due to D.O.C.C.S. deliberate indifference, to my medical needs, and inadequate medical treatment, and for past, present, and future pain and suffering, mental and emotional distress.

**IV. Exhaustion of administrative Remedies:**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "(n)o action shall be brought with respect to prison conditions under section 1983 of this title, or other federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other Correctional Facility?

Yes \* No       

If Yes, name the jail, prison, or other Correctional Facility where you were confined at the time of the events giving rise to your claim(s)

Groveland Correctional Facility

B. Does the jail, prison, or other Correctional Facility where your claim(s) AROSE HAVE A GRIEVANCE PROCEDURE?

Yes \* No        Dont know       

C. Does the grievance procedure at the jail, prison, or other Correctional Facility where your claim(s) arose cover some or all of your claim(s)?

Yes \* No        Dont know       

If YES, which claim(s)? Pain & suffering, deliberate indifference,

Cruel and unusual punishment, Denied needed, proper, and adequate medical care.

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E. If you did file a grievance, about the events describe in the complaint, where did you file the grievance, At the grievance office at Groveland Correctional Facility.

1. Which claim(s) in this complaint did you grieve? As many as I could without being retaliated against on.

2. What was the results, if any? Some they denied, and some they tried to cover themselves and agree with me.

3. What steps, if any did you take to appeal that decisions? Describe all efforts to appeal to the highest level of the grievance process. I appealed all the grievance decisions, to the Superintendant, and I And I appealed the Superintendants decision to albany, for final.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: If I did not grieve something it was because of retaliation

2. If you did not file a grievance but informed any official of your claim, state who you informed, when and how, and their response if any: I told my counselor MR. Strollo in his office, about all the problems I have had at Groveland Correctional Facility, and he said that aint right and he would talkk to someone about whats going on,

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies:

Whatever I had to do to exhaust all my administrative remedies I did.

Note You may attach as Exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

#### V Relief:

State what you want the court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I am seeking money damages in the sum of \$10,000,000. Ten million dollars for the injuries I sustained due to D.O.C.C.S. deliberate indifference to my medical needs, and inadequate medical treatment, and for past present, and future pain and suffering, and mental and emotional distress.

## VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

YES \_\_\_\_\_ NO \*

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/A

Defendants N/A

2. Court (if federal court, name the district; if state court, name court name county) N/A

3. Docket or Index number N/A

4. Name of judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A

6. Is there a still pending case YES= \_\_\_\_\_ NO \_\_\_\_\_  
If No, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: was there judgement in your favor? Was the case dismissed?) N/A

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

YES \_\_\_\_\_ NO \*

D. If your answer to C is YES, describe each lawsuit by answering the questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to previous lawsuit:

Plaintiff= N/A

Defendants N/A

2. Court (If federal court, name the district; if state court, name the county) N/A

3. Docket or Index number N/A

4. Name of judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A

6. Is the case still pending? YES \_\_\_\_\_ NO \_\_\_\_\_

7. What was the result of the case? Was the case dismissed? Was there judgement in your favor? Was the case appealed? \_\_\_\_\_

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signed this 30 day of JANUARY 2014

Signature of the plaintiff Arthur G. Moore

Inmate Number 12B1006

Institution Address Groveland Corr Fac.

P.O. Box 50

Sonyea, N.Y. 14456-0050

**NOTE** All plaintiffs named in the caption of the complaint must date and sign the complaint must date and sign the complaint and provide their inmate numbers and address.

I declare under penalty of perjury that on this 30<sup>th</sup> day of JAN 2014, I am delivering this complaint to prison authorities to be mailed to the Pro se Office of the United States District Court for the Western district of New York.

Arthur G. Moore  
Signature of Plaintiff?

SWORN TO before me  
ON this 30<sup>th</sup> of Jan 2014  
DAY MONTH

JAMES L. AUSTIN JR.  
NOTARY PUBLIC STATE OF NEW YORK  
#01AU6137639  
MY COMMISSION EXPIRES 12/5/17  
CATTARAUGUS CO.